

October 24, 2003

Basam E. Nabulsi
203-965-0601; Fax: 203-323-6513
bnabulsi@mccarter.com

22386 U.S. PTO
10/693399
10/24/03

Case Docket No.: 311566.0003

Mail Stop Patent Application
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent Application of:

Inventor(s): **Benjamin S. Fields and Sabrina M. Grandchamps**

For: **REMOTE, AUTOMATIC DATA SERVICE FOR WIRELESS COMMUNICATIONS**

Enclosed are:

	21 pages of Application (15 pages of specification, 5 pages of claims, 1 page of Abstract)
X	2 sheet(s) of drawing(s)
	Preliminary Amendment
X	Express Mail Certificate
	An assignment of the invention with recordation cover sheet
	A check in the amount of \$40.00 for recording the assignment
X	Declaration and Power of Attorney (executed)
	A Certified Copy of priority document
	A check in the amount of \$0.00 to cover the application filing fee, as determined below
X	Applicant claims small entity status
X	Duplicate copy of this document.

CERTIFICATE OF EXPRESS MAILING/TRANSMISSION

I hereby certify that this correspondence, is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☒ deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, Alexandria, VA 22313-1450.
EXPRESS MAIL #EU031826025US

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

DATE: October 24, 2003

Joan Simmons
JOAN SIMMONS

Inventor(s): Benjamin S. Fields and Sabrina M. Grandchamps

The filing fee has been calculated as shown below:

		(Col. 1)	(Col. 2)	SMALL ENTITY		OR	LARGE ENTITY	
FOR:		NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE					\$385.00	OR		\$770.00
TOTAL CLAIMS		20 - 20 =	0	X 9 =	\$0.00	OR	X 18 =	\$0.00
INDEP. CLAIMS		2 - 3 =	0	X 43 =	\$0.00	OR	X 86 =	\$0
	MULTIPLE DEPENDENT CLAIM PRESENTED			+145 =	\$0	OR	+290 =	\$0
				TOTAL	\$385.00	OR	TOTAL	\$0.00


*If the difference in Col. 1 is less than zero, enter "0" in Col. 2

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

X	The Commissioner is hereby authorized to charge the fee of \$385.00 to Deposit Account No. 501402. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.
X	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 501402. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.

Respectfully submitted,
McCARTER & ENGLISH, LLP

Dated: October 24, 2003

By: 
Basam E. Nabulsi
Reg. No. 31,645

Mailing Address:

McCARTER & English, LLP
Four Stamford Plaza
107 Elm Street
Stamford, CT 06904-0120
(203) 965-0601

HARTFORD: 601440.01